PTO/SB/17 (10-07)
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Application Number 10/646,267-Conf. #9453 FEE TRANSMITTAL For FY 2008 First Named Inventor Kathryn Lindsay BALL Examiner Name D. Lukton D. Lukton D. Lukton Attorney Docket No. CCI-007USDV			
First Named Inventor Examiner Name D. Lukton	16,267-Conf. #9453		
First Named Inventor Examiner Name D. Lukton			
X Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1654			
TOTAL AMOUNT OF PAYMENT (\$) 840.00 Attorney Docket No. CCI-007USDV			
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order 12-0080 Deposit Account Name: Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$)			
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$)			
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X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments			
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Design 210 105 100 50 130 65 Plant 210 105 310 155 160 80 Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 0			
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2 EXCESS CLAIM FEES			
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Fee (\$) Fee (\$)			
Each claim over 20 (including Reissues) 50 25	j		
Each independent claim over 3 (including Reissues) 210 105	j		
Multiple dependent claims 370 185	j		
Total Claims			
1620 =0 x _25.00 =0.00 <u>Fee (\$)</u> <u>Fee Paid (\$)</u>			
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)			
$\frac{6}{3} = \frac{3}{3} \times \frac{105.00}{315.00} = \frac{315.00}{315.00}$			
HP = highest number of independent claims paid for, if greater than 3.			
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)			
- 100 = /50 = (round up to a whole number) x =			
4. OTHER FEE(S) Fees Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)			
Other (e.g., late filing surcharge): 2253 Extension for response within third month 525.00			
SUBMITTED BY			
Signature /Maneesh Gulati/ Registration No. (Attorney/Agent) 60,963 Telephone (617) 994-0773			
Name (Print/Type) Maneesh Gulati, Esq. Date January 23, 2008			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Electronic Signature for Maneesh Gulati, Esq.: /Maneesh Gulati/ Dated: January 23, 2008